

## EXHIBIT D



OP ID: C1

DATE (MM/DD/YYYY)  
2/24/2010

## UMBRELLA / EXCESS SECTION

AGENCY	PHONE (AGC No. Ext.) 205-823-2300 FAX (AGC No.) 205-822-0241	APPLICANT (First Name and Insured)	Piggly Wiggly Alabama			
Clark Associates Inc. 2229 Rocky Ridge Rd. Birmingham, AL 35216 R. R. "Dink" Glasscock		EFFECTIVE DATE 08/01/10	EXPIRATION DATE 08/01/11	<input checked="" type="checkbox"/> DIRECT BILL	PAYMENT PLAN	AUDIT
CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID: PWALD-1		FOR COMPANY USE ONLY				

## POLICY INFORMATION

TRANSACTION TYPE					LIMIT OF LIABILITY		RETAINED LIMIT		
NEW	X	UMBRELLA	X	OCCURRENCE	RETROACTIVE DATE	\$ 30,000,000 EACH OCCURRENCE	\$		
X		RENEWAL		CLAIMS MADE	PROPOSED	\$ 30,000,000 CURRENT			
		EXPIRING POL #:	AUC9305546-06			\$	FIRST DOLLAR DEFENSE	X	YES NO

## PRIMARY LOCATION &amp; SUBSIDIARIES (ACORD 126)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL.
		19,008,750	795,000,000		611

## UNDERLYING INSURANCE

LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE						RATING MDD
TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY	EMC #2E7437009 Power Units On1	08/01/09	08/01/10	CSL EA. ACC. \$ 1,000,000 BL EA. ACC. \$ BL EA. PER. \$ PD EA. ACC. \$	\$	
GENERAL LIABILITY POLICY TYPE	EMC Renewal 2K7437009	08/01/09	08/01/10	EACH OCCURRENCE \$ 1,000,000 GENERAL AGGR \$ 2,000,000 PROD & ODMG OPS \$ 2,000,000 AGGREGATE INJURY \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 1,000,000 MEDICAL EXPENSE \$ 15,000	PREM/OPS Included	
X OCCUR CLAIMS MADE	SELF INS-\$350,000 EWC006989	08/01/08	08/01/09	EACH ACCIDENT \$ 1,000,000 DISEASE EACH EMPLOYEE \$ 1,000,000 DISEASE POLICY LIMIT \$ 1,000,000	\$ 51,577.00	
EMPLOYERS LIABILITY	D&O EPLI/FD ACE/Sa Cross	08/01/08	08/01/09		5,000,000	26,700.00
Other						

## UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1 ARE DEFENSE COSTS:  WITHIN AGGREGATE LIMITS?  A SEPARATE LIMIT? X UNLIMITED?

2 INDICATE THE EDITION DATE OF THE ISO SIMPLIFIED FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE: 07/01/98

3 HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? YES X NO

4 FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5 FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6 FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? YES, EFF. DATE: NO

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
X	ANY AUTO (SYMBOL 1)		CARE, CUSTODY, CONTROL		PROFESSIONAL LIABILITY (E&O)
	CGI - CLAIMS MADE	X	EMPLOYEE BENEFIT LIABILITY	X	VENDORS LIABILITY
X	CGL - OCCURRENCE		FOREIGN LIABILITY/TRAVEL		WATERCRAFT LIABILITY
	COVERAGE		GARAGEKEEPERS LIABILITY	X	FELLOW EMPL
	EXPOSURE		INCIDENTAL MEDICAL MALPRACTICE	X	
	AIRCRAFT LIABILITY	X	LIQUOR LIABILITY		
	AIRCRAFT PASSENGER LIABILITY		POLLUTION LIABILITY		
	ADDITIONAL INTERESTS				

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING - ATTACH SEPARATE SHEET IF NECESSARY)  
 See attached Summary - details of all losses over \$50,000 in past 6 years

 NO SUCH CLAIMS

ACORD 131 (2004/07)

ATTACH TO ACORD 125 AND ACORD 126

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## CARE, CUSTODY, CONTROL

PWALD-1

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LOC	PROPERTY TYPE	VALUE	A <sup>1</sup>	B <sup>1</sup>	C <sup>1</sup>	D <sup>1</sup>	SQ FT OF BLDG OCC	OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY		
	REAL PERSONAL									

\*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

## ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		YES	NO	EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		YES	NO				
<b>ADVERTISERS LIABILITY</b>											
1. MEDIA USED: TV - Newspapers etc ANNUAL COST: \$											
2. ARE SERVICES OF AN ADVERTISING AGENCY USED? <input checked="" type="checkbox"/>											
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? <input checked="" type="checkbox"/>											
<b>AIRCRAFT LIABILITY</b>											
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT? <input checked="" type="checkbox"/>											
<b>AUTO LIABILITY</b>											
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? <input checked="" type="checkbox"/>											
6. ARE PASSENGERS CARRIED FOR A FEE? <input checked="" type="checkbox"/>											
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? <input checked="" type="checkbox"/>											
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? <input checked="" type="checkbox"/>											
9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED? <input checked="" type="checkbox"/>											
<b>CONTRACTORS LIABILITY</b>											
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED? <input checked="" type="checkbox"/>											
11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS):											
12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS):											
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? <input checked="" type="checkbox"/>											
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? <input checked="" type="checkbox"/>											
<b>EMPLOYERS LIABILITY</b>											
15. IS APPLICANT SELF-INSURED IN ANY STATE? <input checked="" type="checkbox"/>											
16. SUBJECT TO: JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP OTHER:											
<b>INCIDENTAL MALPRACTICE LIABILITY</b>											
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED? <input checked="" type="checkbox"/>											
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? <input checked="" type="checkbox"/>											
19. INDICATE # OF DOCTORS: NURSES: 1 BEDS:											
<b>REMARKS</b>				<b>VEHICLES</b>							
167 Trailers ***PLEASE NOTE THAT 10 TRACTORS SIT ON LOT AT ALL TIMES AND ARE USED AS REPLACEMENT UNITS - IE A TRACTOR HAS MECHANICAL DIFFICULTIES THEY WILL SWAP WITH ONE ON LOT - AT ANY ONE TIME ONLY 88 TRACTORS WILL BE IN USE.		TYPE		# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI	
		PRIVATE PASSENGER		49				<input checked="" type="checkbox"/>			
		TRUCKS		LIGHT	2				<input checked="" type="checkbox"/>		
				MEDIUM							
				HEAVY							
				EX. HEAVY							
				TRACTORS	HEAVY					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		EX. HEAVY		98							
BUSES											
APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS											
# STORIES								# UNITS	# SWIMMING POOLS	# DIVING BOARDS	

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA insurance benefits may also be denied).

## APPLICABLE ONLY IN INDIANA, LOUISIANA AND NEW HAMPSHIRE:

## OTHER STATE:

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED ON THIS APPLICATION.  (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.  (INITIALS)

## APPLICABLE ONLY IN INDIANA:

1. I SELECT UIM LIMITS INDICATED ON THIS APPLICATION.  (INITIALS) OR 2. I REJECT UIM COVERAGE IN ITS ENTIRETY.  (INITIALS)

APPLICABLE ONLY IN VERMONT: IF THE COMPANY TO WHICH I AM APPLYING OFFERS UM COVERAGE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

APPLICANT'S SIGNATURE:

X *Bobby Mart* VP

DATE

12-14-10

ACORD 131 (2004/07)